CSA Hockey Helmet Application Form

Applicant's Information

Name: _____

Phone: _____ Email: _____

Facility's Information

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____ Email: _____

Quantity of Helmets

Of helmets at $15.00+TAX each: _____

Small: _____ Medium: _____ Large: _____

Of helmets with FACESHIELDS at $30.00+TAX each: _____

Small: _____ Medium: _____ Large: _____

TOTAL OF 20 HELMETS MAX PER APPLICATION

SUBJECT TO AVAILABILITY

Method of Payment

☐ Please Invoice Me:

Recreation Facility Association of Nova Scotia

5516 Spring Garden Road 4th Floor, Halifax, NS, B3J 1G6
P: 902-425-5450 ext. 330 | C: 902-870-7634
E: rfans@sportnovascotia.ca